Restaurant Questionnaire

Named Insured: _____

Agency Name: _____

General Information

1) In business three or more years at current location? ☐ Yes ☐ No

   If less than 3 years, provide prior experience of owners:

2) Past Board of Health Citations? ☐ Yes ☐ No

   If yes, explain: _____

3) Will you provide financial statements if requested? ☐ Yes ☐ No

4) Operations closed for more than 30 consecutive days? ☐ Yes ☐ No

5) Is this a franchised fast food restaurant? ☐ Yes ☐ No

Property and Crime Information

1) Safe on premises? ☐ Yes ☐ No

2) Maximum amount of cash kept on premises?

   ☐ $0 - $999 ☐ $1,000 - $2,499 ☐ $2,500 - $4,999 ☐ $5,000+

3) Fire protection

   a) Does the automatic extinguishing system meet NFPA 96 code and is UL300 compliant? ☐ Yes ☐ No

   b) Was the automatic extinguishing system serviced within the last six months? ☐ Yes ☐ No

   c) Was the hood cleaned during the last three months by an outside vendor? ☐ Yes ☐ No

   d) Are the filters cleaned weekly? ☐ Yes ☐ No

   e) Does the kitchen have a “K” class fire extinguisher? ☐ Yes ☐ No

4) Inside solid fuel cooking? ☐ Yes ☐ No

   If yes, describe _____

5) Building originally built as a restaurant? ☐ Yes ☐ No

   If no, explain _____

General Liability Information

1) Total annual receipts: $ _____ (This should include all receipts, not just food)
   Liquor: $ _____

   If liquor is requested for quote, the liquor liability supplemental application, 8-2226, must be submitted also.

2) Any catering receipts? ☐ Less than 10% ☐ Greater than 10%

3) Any off-premises delivery receipts? ☐ Less than 10% ☐ Greater than 10%

4) Exits conform to NFPA 101? ☐ Yes ☐ No

5) Emergency lighting provided? ☐ Yes ☐ No

6) Any part of the flooring tiled? ☐ Yes ☐ No

   Describe: _____

7) Multiple levels where customers must use stairs? ☐ Yes ☐ No

   Describe: _____

8) Stories occupied by insured? ☐ One ☐ Two or more ☐ Rooftop exposure

9) Are the chairs checked on a regular basis for signs of damage or weakness? ☐ Yes ☐ No

10) Professional exterminator on service? ☐ Yes ☐ No

11) Any playground, recreational equipment, or amusement devices? ☐ Yes ☐ No

12) Nightclubs, bars or lounges on premises? ☐ Yes ☐ No

   If yes, what is seating? _____

13) Any dancing or entertainment? ☐ Yes ☐ No

   If yes, describe: _____

14) Happy hour events? ☐ Yes ☐ No

15) Latest closing time after 1:00 a.m.? ☐ Yes ☐ No

16) Gasoline sales? ☐ Yes ☐ No

17) Sales from other operations? ☐ Yes ☐ No

   If yes, please describe: _____